



**FOURTH ANNUAL REPORT**  
(October 1, 2006 –September 30, 2007)

**Tambacounda Healthy Start Project (THSP)**

**Tambacounda, Koumpentoum and Makacoulibantang Health Districts,  
Senegal**

**Life of Project: October 1, 2003 to September 30, 2008**

**Cooperative Agreement # GHS-A-00-03-00002-00**

Submitted by:

Africare Inc.  
440 R Street, NW  
Washington, DC 2001

To:

United States Agency for International Development  
Bureau for Global Health  
Office of Health, Infectious Disease and Nutrition  
Washington, DC

**Prepared and Edited by:**

Bonaventure Traoré, Country Representative, Africare/Senegal  
Bassirou Ndir, Program Coordinator, Africare/Tambacounda  
Kany Diop, Maternal Child Health Specialist, Africare/Tamba  
Saboye Diagne, IEC/BCC Specialist, Africare/Tambacounda  
Gorgui Diallo, Senior Program and MIS Officer, Africare/Dakar  
Ousseynou Samb, Assistant Program Manager, Africare/Dakar

**November 2007**



## ACRONYMS

<b>AHED</b>	Agriculture, Health and Enterprise Development
<b>ARIs</b>	Acute Respiratory Infections
<b>BCC</b>	Behavior Change Communication
<b>BL</b>	Baseline
<b>CBIS</b>	Community Based Intervention Supervisors
<b>CBO</b>	Community Based Organization
<b>CCF</b>	Christian Children's Fund
<b>CDD</b>	Control of Diarrheal Diseases
<b>CHA</b>	Community Health Agent
<b>CHW</b>	Community Health Workers
<b>CIMCI</b>	Community-Integrated Management of Child Infections
<b>CNSR</b>	National Service for Reproductive Health
<b>DIP</b>	Detailed Implementation Plan
<b>DMO</b>	District Medical Officer
<b>EPI</b>	Expanded Program on Immunization
<b>ERO</b>	Evaluation Rapide des Organisations
<b>FA</b>	Field Agent
<b>FE</b>	Final Evaluation
<b>GOS</b>	Government of Senegal
<b>HIS</b>	Health Information System
<b>ICP</b>	Infirmier Chef de Poste (Head Nurse)
<b>IEC</b>	Information Education Communication
<b>IPT</b>	Intermittent Preventive Treatment
<b>JICA</b>	Japanese International Cooperation Agency
<b>KPC</b>	Knowledge Practice Coverage
<b>LQAS</b>	Lot Quality Assurance Sample
<b>MCH</b>	Maternal and Child Health
<b>ME</b>	Midterm Evaluation
<b>MNH</b>	Maternal and Newborn Health
<b>MOH</b>	Ministry of Health
<b>OIC</b>	Officer In Charge of health
<b>PCIME/C</b>	Prise en charge intégrée des maladies de l'enfant au niveau communautaire
<b>PMI</b>	Presidential Malaria Initiative
<b>RH</b>	Reproductive Health
<b>STD</b>	Sexually Transmitted disease
<b>TBA</b>	Traditional Birth Attendant
<b>THSP</b>	Tambacounda Healthy Start Program
<b>TRC</b>	Technical Review Committee
<b>USAID</b>	United States Agency for International Development
<b>USDA</b>	United States Department of Agriculture
<b>WRA</b>	Women of Reproductive Age

## TABLE OF CONTENTS

<b>I. Introduction</b>	<b>5</b>
<b>II. Main accomplishments</b>	<b>6</b>
2.1. Training	<b>6</b>
2.2 Maternal and child health interventions	<b>7</b>
2.3 Malaria	<b>10</b>
2.4 Nutrition	<b>11</b>
2.5 Diarrhea	<b>13</b>
2.6 IEC/BCC	<b>13</b>
2.7 Community based distribution	<b>18</b>
2.8 Field monitoring and supervision	<b>18</b>
2.9 Partnership and collaborative implementation of program activities	<b>19</b>
<b>III. Progress Towards achieving objective</b>	<b>21</b>
<b>IV. Constraints and Opportunities</b>	<b>25</b>
<b>V Expectations on progress towards close out</b>	<b>25</b>
<b>VI Innovative Idea: Positive deviant HEART nutrition Approach</b>	<b>26</b>
<b>VI Program Management</b>	<b>23</b>
<b>VII Year 5 Work Plan</b>	<b>27</b>

## I. Introduction

1.1 This report presents the activities accomplished by Africare/Senegal for the fourth year (October 1, 2006 - September 30, 2007) of implementation of the Tambacounda Healthy Start Project (THSP) funded by a grant from the United States Agency for International Development (USAID), Bureau of Global Health, Office of Health, Infectious Diseases and Nutrition's (GH/HIDN's) Child Survival and Health Grants Program (CSHGP). THSP is being implemented in the Region of Tambacounda, Southeastern Senegal, covering the health districts of Tambacounda, Makacoulibantang (or Maka) and Koumpentoum,. The target beneficiary population includes **45,556** women of reproductive age (WRA) and **40,995** children under five.

1.2. The goal of THSP is to decrease the morbidity and mortality rates of pregnant women and children under one year of age in the Tambacounda Region. The THSP seeks to 1) strengthen community-based health care services and information; 2) raise the quality of service delivery by developing life-saving skills and knowledge to manage complications during pregnancy, delivery, postpartum, and the first year of the child's life; 3) increase awareness of key health behaviors by building the capacity of Community Health Workers (CHWs) and health committee members; 4) mobilize households to better prepare for and manage pregnancy, delivery, newborn and infant care.

1.3 The THSP has five objectives:

- 1) Increase the access to, demand for, and use of quality maternal and child health services, including emergency care;
- 2) Improve case management of malaria for pregnant women and children under five at the community and health post levels;
- 3) Improve nutrition of pregnant women and newborns, including promoting vitamin A supplementation and the practice of exclusive breastfeeding;
- 4) Improve diarrhea recognition and management at community and household levels;
- 5) Improve the capacity of local partners to plan, implement, monitor and evaluate child survival interventions at the community and district levels, with an emphasis on capacity in maternal and newborn health, malaria, nutrition, and diarrhea.

1.4 The primary field of interventions and effort levels for THSP are as follows: Maternal and Child Health 50%; Nutrition/Exclusive Breastfeeding 20%; Malaria 20%; and Diarrhea 10%.

1.5 To date the main accomplishment of THSP is a substantial increase in the number of women attending antenatal clinic and those being assisted by a trained person during delivery. The program's sustained campaign to promote prenatal care also led to an increased number of women accessing Intermittent Preventive Treatment (IPT) against malaria. In collaboration with partner districts and UNICEF, the program increased vitamin A supplementation in children and post partum women. Since the program's inception, regular IEC activities led to increased use of iodized salt and the strengthening of the capacity of more caretakers who recognize diarrhea signs that need prompt treatment. The percentage of mothers who understand the need to wash hands at specified times, to prevent diarrhea transmission has also doubled from baseline. The main activities of the program during the reporting period include:

- Capacity building and training in maternal health, malaria and nutrition
- Regular IEC/BCC activities in project sites
- Implementation of an ARI component, funded by Pfizer, in regular THSP activities

## II. Main Accomplishments of the Program

The THSP is a capacity building program which values training as an important component of the project. Over this reporting period, a total of 14 training sessions on issues related to maternal health, malaria and nutrition were organized in the three health districts covered by the project. The focus was on Community Integrated Management of Child Infections (C-IMCI), reproductive health, management and leadership. The health agents, community leaders and stakeholders in the Koumpentoum and Maka health districts were the main beneficiaries during this year. This is due to the fact that these 2 districts were newly included in the project activities and did not fully benefit from the project in the past years. Furthermore, it is important to note that the reduced flow of financial resources towards the project has limited THSP capacity to undertake all its planned training sessions during the year.

### 2.1 Training

- *Orientation for THSP staff in Management and Leadership modules:* This was a three day workshop in October 2006 to provide training in management and leadership skills to 10 Africare Field Agents (FAs). This training improved field staff's ability to strengthen Community Based Organizations (CBOs) enrolled in the project. A private firm, ARC, facilitated the training.
- *THSP field agent's orientation on Acute Respiratory Infections (ARIs):* Africare received a grant from Pfizer to undertake community-based interventions on ARIs in Ziguinchor and Tambacounda. As a result, Africare's nine field agents received training on ARIs under the guidance of the MCH and IEC/BCC specialists. This orientation was jointly organized with the Tambacounda regional medical team.
- *Training of community health workers (CHWs) in Missirah and Koussanar on ARIs:* Two sessions were organized in Missirah and Koussanar to train 26 CHWs on ARIs modules. This training session was performed by the local health officer (ICP) and the project's field agents. This training lasted two days.
- *Refresher training on reproductive health and communication techniques:* This training session took place in the Koumpentoum health district and the workshop lasted 5 days. A total of 18 field agents and 7 project field staff benefited from the refresher training. This training was provided by the Koumpentoum District Medical Officer (MCD), assisted by two midwives and the project's MCH and IEC/BCC specialists.
- *Training of field staff in "Wure Wer Werle," (W3):* W3 is a traditional popular game in Senegal used as an awareness tool for IEC/BCC activities and has proven to yield great successes in conveying behavioral change messages in Africare past projects in Kaolack and Tambacounda.

- Refresher training for Traditional Birth Attendants (TBAs) on reproductive health and communication techniques: This training targeted 15 TBAs. The training took place in the Koumpentoum district's health center and it emphasized a two-fold theory and practice approach. The District Medical Officer (DMO) and two midwives facilitated the training. Following the evaluation of the skills of the trainees, four of them will become CHWs because they did not benefit from the basic TBA training.
- Training of CHWs in reproductive health and communication techniques: A total of 23 CHWs from 20 villages were trained by the Officers In Charge (OICs) of health, assisted by the project's field agents, in the Koumpentoum and Maka health districts.
- Training of CHWs in C-IMCI and communication: A total of 26 CHWs from Mereto village, in the Koumpentoum health district, were trained by the OICs, field agents and project specialists.
- Training of Village Steering Committee members: This training targeted 38 members of the steering committees in Missirah and Sinthiou Maleme. The Presidents, secretaries and treasurers attended the sessions that focused on management and leadership issues. Project FAs provided the training.
- Training of TBAs in Wure Wer Werle, an IEC/BCC tool: A total of 25 TBAs took part in this training session (see page 14 detail on Wure Wer Werle).
- Information days for leaders on Maternal Health: The project targets community leaders to get them more involved in the project's activities. Four sessions were organized in Koumpentoum and Maka and targeted 139 individuals composed of religious leaders, village chiefs and presidents of village steering committees.
- Training of CHWs on weighing techniques: A total of 16 CHWs in Maka were trained by OICs and field agents on how to weigh children under 5.

## **2.2 Maternal and Child Health interventions**

2.2.1 The baseline survey of 2004 indicated that only 33% of women attended 3 antenatal visits in the Tambacounda Region, and that 55% of women give birth at home without assistance of a trained birth attendant. Family planning indicators are also very low with only 10% of Women of Reproductive Age (WRA) using a modern method of birth spacing. Socio-cultural factors such as the weak decision-making power of women, illiteracy, influence of traditional healers and untrained TBAs explain this situation. Also, the limited and geographical inaccessibility of health structures, poverty and ignorance compound the problem and explain the low patronage of health care centers and serious delays in managing emergencies.

2.2.2. The THSP has developed a number of strategies to address this very serious situation, which have yielded encouraging results. Maternal health activities include the creation of Maternal Care Groups, RH education and discussions, Family Planning related services, identification and pairing pregnant women with a mentor for reproductive health and child growth monitoring, birth plan development, micro-credit for pregnancy-related expenses, pre- and postnatal care promotion, pregnancy danger sign recognition and reduction in the delays

to seek care, deliveries by a skilled attendant, home visits, and referral of obstetrical emergencies. THSP builds capacity of both beneficiaries and partners in order to implement the above strategies.

2.2.3. Services provided by TBAs: Out of 53 TBAs that are enrolled and trained a total of 48 are currently active in the project. They undertake antenatal and postnatal visits, deliveries and supplementation of vitamin A.. During its lifespan, the THSP targets a total of 45,556 WRA, with 7,131 expected pregnancies and 40,995 children under the age of 5. The targeted numbers for FY 07 were 11,389 WAR and 1,783 births, and 10,249 children under five. Table 1 below details the number of services achieved by the TBAs.

Table 1: Services offered by TBAs

Services offered	Achieved	Target	%
Antenatal visits	2,821		
Postnatal visits	1,291		103%
Normal deliveries	1,246		44.16%
Birth Spacing	931		8 %

2.2.4. Antenatal, postnatal and birth spacing are done by skilled health agents such as a midwife, in collaboration with the community TBAs. Antenatal consultations statistics show the impact TBAs services have had.. Currently, referrals and awareness demands are increasing. THSP will redesign the data reported by TBAs, midwives and OICs of health centers to obtain percentages of the populations that are covered by the services in the intervention zones. The percentage for postnatal visit (103% compared to base line) is due to the fact that all the women monitored by the project who gave birth came back for a visit, in addition to those who made contact through satellite programs from villages not originally covered by the project. The 44.16% of normal deliveries represent the number of deliveries at the Health Hut as well as in villages without Health Huts, to which deliveries at the health clinic where TBAs participate should be added to have the effort level of all project TBS. ; Finally, the 8% birth spacing rate is below the project objective of 13%, however it is a good result of progress made in behavior change in communities where this was non-existent.

2.2.5. Maternal Care Groups: The establishment of “maternal care groups” is a key THSP strategy for the reduction of maternal and newborn mortality. The care group serves as a reinforcing mechanism to help women understand the importance of prenatal care, learn the danger signs, and establish a functioning emergency transportation system through membership donations. The group also provides a forum for reinforcing key behaviors such as sleeping under a mosquito net during pregnancy and using birthing/hygiene kits for safe and clean deliveries. This year THSP program staff worked with women’s groups to establish the maternal care groups. In each program village, the staff held meetings with the village committee and women’s groups to explain the concept, structure and function of a care group. TBAs and care group volunteers then assist the women to organize meetings, and help with responding to additional questions. Once the care groups are established the volunteers’ role is to facilitate group discussions and other IEC/BCC activities with the care group. They will also be the source of goods such as vitamin A and clean birthing kits.

2.2.6. The creation of care groups was extended to the health districts of Koumpentoum and Maka which did not have care groups in the past. Thus, a total of 333 groups exist in the project covered area, including 209 in the Tambacounda health district, 106 in Koumpentoum

and 18 in Maka. Currently there are 277 functional groups and 56 are non functioning. The non functioning groups are largely located in the Tambacounda health district. Their inactivity is partly due to lack of motivation from CHWs and disagreements among women over the creation of Care Groups. The Care Groups help reach more women during awareness sessions. They benefit from moral, financial and educational support from more experienced peers. The financial aspect is key as well with monthly contributions from members. The total contribution from all care groups at this point is about \$5,210. In Koussanar, Africare’s field agent has created a federation of care groups which has given more strength and exposure to the care groups. The table below summarizes the nature and importance of activities undertaken by each care group.

Table 2: Description of the type and number of Activities undertaken by care groups

<b>Description</b>	<b>Number</b>
Number of functional Care groups	277
Number of Pregnant women	483
Sponsored pregnant women	245
Women who gave birth	139
Meetings held	396
Cases referred and managed	913
Pregnant women with delivery plan	206
Women monitored after home delivery	840
Home visits	636

2.2.7. Out of 483 pregnant women, 245 were sponsored (51%) by peers for activities related to better hygiene, nutrition, disease control, financial management and monitoring of pregnancy. Home monitoring of referred women were done by TBAs or CHWs; a total of 73 women were monitored. It is important to explain to community volunteers that each referred person has to be monitored to encourage medication in-take and implementation of advice given by TBAs. A total of 636 home visits was achieved either by TBAs, CHWs or women who sponsor their counterparts.

2.2.8. Referral of pregnant women, WRA and children under 5: The referral by community volunteers (CHWs and TBAs) to health structures continues. This year, the project referred 1,469 pregnant women for antenatal care and 502 for deliveries.. The table below details the reasons for referral of women:

Table 3: Reasons for maternal and neonatal referral

<b>Reason</b>	<b>Pregnant women</b>	<b>Post Delivery Services</b>	<b>Newborn</b>	<b>Breastfeeding</b>	<b>WRA</b>
Antenatal care	1,469			11	16
Danger signs during pregnancy	99				
Delivery	502				
Danger signs after delivery		25	5	3	
Postnatal care		105	7		
Family planning				3	34
Infertility					2

STDs	6			2	8
Total	2,076	130	12	19	60

## 2.3 Malaria

2.3.1 Malaria prevention and management activities focus on health education discussions within Maternal Care Groups and in the wider community. Focus in on prevention and early recognition of malaria, promotion and sale of Insecticide Treated Nets (ITN), re-treatment of mosquito nets, Intermittent Presumptive Treatment (IPT) for pregnant women and establishment of Environmental Sanitation Committees.

2.3.2 Services offered: The TBAs administered Sulfadoxine Pyremethamine (SP) to 1,317 pregnant women, which represents 46.68% increase over initial target numbers from health posts and health centers. SP is free of charge in the health structures and medication in-take is supervised.

2.3.3. Referrals: A total of 1,117 Children under 5 and 305 pregnant women were referred for malaria control services. The table below provides the breakdown

Table 4: Cases of malaria referred

Reason	Pregnant Woman	Gave birth	Children Under 5	Breastfeeding	WRA	Other
Fever or “hot body”	40	10	816	20	21	3
Feeling of cold/shivers	11	1			6	9
Headaches	19					
Hurting joints	9	3		3	2	
Vomiting	43	1		7	4	
Convulsions	1		18			
IPT	182					
Continuous vomiting			209			
Yellow eyes			12			
Yellow or rare urine						
Ill child not capable of eating or drinking			62			
Total	305	15	1,117	30	33	12

2.3.4 IEC/BCC for malaria control: A series of communication activities are regularly undertaken by the project to sensitize women and men on malaria. These activities are described below:

**Table 5: Population benefiting from communication activities**

Type of Activity	Men	%	Women	%	TOTAL	%
1-Theatre	845	18.5	3,720	81.5	4,565	11.4
2-Interview	167	5.1	3,048	94.9	3,215	8.0
3-Group discussions	2,870	9.9	25,830	90.1	28,700	72.2
4-Social mobilization	228	6.9	3,036	93.1	3,264	8.2
Total	4,110	10.3	35,634	89.6	39,744	100

2.3.5 A combination of many strategies has enabled THSP to reach the target population. This achievement is a result of earlier studies undertaken at the project inception phase. The results indicate that theater is the strategy which attracts more male participation (18.5%). Individual interviews are mostly targeted towards women. Group discussions is the strategy in which women participation is the least, mainly because of the traditional belief that women should be responsible for the well being of children.

2.3.6 In the fight against malaria, communities were very much involved in environment sanitation activities, impregnation of mosquito nets and awareness activities. The biggest problem this year was the shortage in ITNs, which are constantly sought by project beneficiaries.

**Table 6: Results from ITN impregnation days in targeted villages**

Health districts	Number of ITNs expected	Number of ITNs impregnated	Coverage ITN/Pregnant Women & Child under 5
TAMBA	22,478	18,285	81.34%
MAKA	14,059	6,037	43%
KOUMPENTOUM	14,440	9,714	67%
TOTAL	50,977	34,036	66.76%

In partnership with the health districts, all the CHWs actively took part in the activities with support from the THSP.

## 2.4 Nutrition

2.4.1 Nutrition and breastfeeding activities include maternal care group and community discussions on early and exclusive breastfeeding for up to six months, complementary feeding with continued breastfeeding up to at least two years, culinary demonstrations and growth monitoring in selected villages, iron and vitamin A supplementation for pregnant and post-partum women during prenatal and post-natal consultations and referral of obstetrical emergencies and severely malnourished children to the health post. MOH targets children under 5 for vitamin A supplementation, deworming and immunizations during its annual Child Survival Days. THSP collaborates with the MOH, the Health District, and UNICEF on National Immunization Days (NID), National Micronutrient Days (NMD) and Child Survival Days to reach more children under five for vitamin A supplementation, deworming and immunizations. THSP supports those initiatives by contributing logistical support (fuel,

cars), human resources (for social mobilization, identification of households needing immunizations and re-treatment of bednets), and funds.

2.4.2 Growth monitoring: This year, the project created eight growth monitoring sites in the Maka health district. In addition to the 11 in Tamba health district, nine are to be created in Koumpentoum. The THSP hopes to have 27 functioning growth monitoring sites by the end of this year. The table below provides the current situation of daily weighing activities:

Table 7 : Growth monitoring

Age group	Children weighed	In green	In yellow	In red
0 -11 months	513	424	83	6
12-23 months	551	404	140	7
24-36 months	389	305	79	5
Total	1,453	1,133	302	18

The mothers of malnourished children receive dietary advice by CHWs who also refer them to health structures for adequate management. However it is important to note that there is no health facility in the Tamba department capable of caring for children in the red zone. Culinary demonstrations also take place in Koussanar and Botou.

2.4.3 Vitamin A supplement to women who deliver: A total of 744 women who gave birth (59,71%) received supplementation in Vitamin A by TBAs. Furthermore, during child survival days for supplementation in Vitamin A and deworming, THSP has actively participated in child survival days organized by the Ministry of Health in May 2007 country-wide, by providing logistics, staff for supervising and financial resources to the health districts. The tables below provide results for the health posts where the THSP intervenes:

Table 8: Supplementation to children aged 6 to 59 months

Districts	Number of Children Recorded	Supplemented	Coverage
Tambacounda	31,698	31,599	99.68%
Maka	10,482	10,452	99.7%
Koumpentoum	11,416	11,372	99.61%
Total	53,596	53,423	99.67%

2.3.4 Almost all children recorded by the health posts of project zones have been supplemented in Vitamin A during the period (99.67%). Furthermore, Vitamin A was given to post partum women during the same activity with significant coverage as reported below:

Table 9: Supplementation to post partum women

Districts	Census Data	Supplemented	Coverage
Tambacounda	669	668	99.85%
Maka Colibantang	290	282	97%
Koumpentoum	312	312	100%
Total	1,271	1,262	99.29%

2.4.5 During the child survival day, children of age 12-59 months were given deworming drugs as indicated below:

Table 10: Deworming of children 12 to 59 months

Districts	Census	Supplemented	Coverage
Tambacounda	26,763	26,759	99,98%
Maka Colibantang	9,387	9,363	99,7%
Koumpentoum	10,411	10,383	99,7%
Total	46,561	46,505	99,87%

2.4.6 Referral: During the normal activities of the TBAs, a total of 613 women who gave birth were referred for Vitamin A and 35 children under 5 for weighing.

## 2.5 Diarrhea

2.5.1. Diarrheal control and management activities include health education discussions in maternal care groups, promotion and use of Oral Rehydration Salts, environmental hygiene through environmental sanitation committees and personal hygiene promotion. This year, a total of 682 package of ORS were distributed by CHWs in 12 villages. Also, 580 children were referred to health care centers for management of diarrhea.

Table 11: Reasons for referral

Reasons	Children under 5
Diarrhea with vomits	323
Diarrhea with blood	36
Diarrhea (children is always thirsty)	12
Diarrhea + Fever	155
Diarrhea (persisting after 3 days care)	48
Diarrhea + refusal to eat	6
Total	580

## 2.6 IEC/BCC

2.6.1 THSP centers its BCC strategy on the BEHAVE framework. A local dramatic theater troupe, a local community radio program, home visits, group discussions, interviews, community quizzes (*radio crochets*), and meetings constitute the main mass communication and interpersonal strategies for behavior change. In summary, 4 main strategies have been developed:

1. Mass communication which aims at mobilizing populations for urgent and important actions such as vaccination of children, impregnation of ITNs, supplementation, etc. The talk shows, mobilization events such as *set setal* (environment sanitation activities) are constant throughout the year
2. Interpersonal communication which focuses on less people and yields better and long-lasting results. Group discussion and individual interview based on home visits are the major channels of this strategy

3. Traditional communication supported by theater which is very popular in the target area of the Tamba region
4. The W3 game, a local game used to monitor dangers related to pregnancy, maternal mortality and morbidity.

### W3 Game: Wure, Wer, Werle



The Wure Wer Werle game (W3) is a communication strategy for behavior change developed as part of the new health education strategies by Senegal's social pediatrics institute. It was developed by the Maternal Health/Family Planning Project in Thies, Senegal funded by USAID as a way to educate men and women about pregnancy and postpartum related risk factors, in order to reduce maternal and infant mortality. Developed based on a traditional game called Wure in Wolof, a national language of Senegal, the game Wure, Wer, Werle is a way to entertain women and men while they also learn about 26 risk factors related to pregnancy and the postpartum period; how to look for and recognize risk factors; and how to handle them. The game was developed for low literacy audiences. It is highly pictorial and uses images that qualitative research in Senegal has shown to be very expressive symbols in the Senegalese traditional culture. The symbols used simulate pregnancy, young age, and prior abortion situations. The game can be played by two to 6 people. Each player receives cards (81 total) and marbles at the beginning of the game, and wins or loses more as the game unfolds. The cards contain the instructions with key health messages, health risk signs, with corresponding number of scores.. The marbles are used to count the total scores being made by each player. To score a maximum of 3 marks, each player shall identify and speak out the nature of the risk, its level of seriousness and how to behave. The winner is the person who scores the maximum points and has the fewest marbles at the end. As part of community mobilization efforts, women's groups were trained in the use of the game and have organized competitions between neighborhoods.

2.6.2 The quantitative results achieved for each of the four strategies used in IEC/BCC are summarized in the following tables below.

Table 12: Number of volunteers involved in mass communication

Health Districts	C-IMCI CHWs	RH CHWs	TBAs	TOTAL DISTRICT	%
TAMBA	82	47	23	152	47
KOUMPENT	36	33	5	74	23
MAKA	50	33	13	96	30
TOTAL	168	113	41	322	100

A total of 322 community volunteers were involved in mass communication events undertaken during FY07. Community health workers trained in C-IMCI and CHWs trained in reproductive health as well as traditional birth attendants facilitate mass communication through various meetings with community members. These are designed to reach the maximum audience, regardless of gender and age. Close to half of the events (47%) were held in the Tamba health district. The remaining part is equally spread out in the remaining health districts.

Table 13: Mass communication by activity

Health Districts	Number of activities	Attendance		Total pop	Distribution by domain			
		Men	Women		Diarrhea	Mat. H.	Malaria	Nutrition
TAMBA	45	274	9,045	9,319	1,860	4,662	1,790	1,007
KOUMPENT	10	620	2,452	3,072	600	1,380	792	300
MAKA	10	633	2,725	3,358	660	1,680	682	336
TOTAL	65	1,527	14,222	15,749	3,120	7,722	3,264	1,643
%		9.7	90.3	100	20	49	21	10

The breakdown of mass communication events by activity is closely related the Level of Effort (LOE) per domain of intervention. Hence, half of the communication is on maternal health, with another important part on both malaria and nutrition. During the final year of the project, the focus will switch to nutrition as recommended by the mid term evaluation. This table also shows that it is mainly women (90%) who attend mass communication events. Men only account for approximately 10%. Since organized mass communication events are costly, limited number of events were held(65).

Table 14: Number of group discussions by district and activity

Health districts	Number of Group Discussions	Attendance		Total Pop	Distribution by domain			
		Men	Women		Diarrhea	Mat. H	Malaria	Nutrition
TAMBA	6,500	6,150	116,850	123,000	21,800	67,110	25,300	8,790
KOUMPENT	520	629	11,771	12,400	2,160	4,910	3,870	1,460
MAKA	450	264	8,951	9,215	1,730	4,845	1,940	700
TOTAL	7,560	7,043	137,572	144,615	25,690	76,865	31,110	10,950
%	100	5	95	100	18	53	22	8

Group discussions are communication events attended by a maximum of 25 persons. This enables the project to target a specific group on a given topic. Again, the distribution by domain of interventions relates to the LOE with women being the most targeted group. Group discussions do not cost anything to the project and are conducted by community health workers, under the supervision of Africare's field agents.

Table 15: Performance achieved for group discussions

Health district	Scheduled	Realized	Performance rate
TAMBA	6,048	6,500	107.4
KOUMPENTOUM	1,125	520	46.2
MAKA	1,410	450	31.9
TOTAL	8,583	7,470	87

The targeted number of group discussions was 87% achieved. However, in the Tambacounda health district where THSP started, all scheduled group discussions were held with some very active CHWs carry out more discussions than scheduled, while the target was not achieved in the other two districts. Apart from THSP, the populations of these two districts have barely benefited from development projects and do not quite understand the importance of the group discussions. Extra efforts will be put forth by the project to improve the results in FY08.

Table 16: Number of interviews held per district and domain

Health District	Number of activities undertaken	Attendance		Total Pop	Distribution by domain			
		Men	Women		Diarrhea	Mat. H	Malaria	Nutrition
TAMBA	5,885	1,896	10,480	12,376	2,200	6,512	2,800	864
KOUMPEN	321	104	624	728	125	420	134	49
MAKA	540	391	998	1,389	204	817	281	87
TOTAL	6,746	2391	12,102	14,493	2529	7,749	3,215	1,000
%		16.4	83.5	100	17.4	53.4	22.1	6.8

A total of 6,746 individual interviews were carried out during home visits to project beneficiaries. These interviews are very important and create the environment for one-on-one discussions with

target beneficiaries. About 14,500 beneficiaries have been visited at homes, with men accounting for more than 15% of attendees.

Table 17: Percentage of achievement of Interviews

Health district	Scheduled	Achieved	%
TAMBA	6,048	5,885	97.3
KOUMPENTOUM	1,125	321	28.5
MAKA	1,410	540	38.2
TOTAL THSP	8,583	6,746	78.6

Achievement rates for scheduled individual interviews follow the same pattern as that of group discussions.

Table 18: Number of drama skits

Health district	Number	Attendance			Distribution by domain	
		Men	Women	Total	Malaria	Maternal Health
TAMBA	10	845	3,720	4,565	4,565	0
MAKA	5	430	750	1,180	0	1,180
KOUMPENT	5	420	1,250	1,670	0	1,670
TOTAL	20	1,695	5,720	7,415	4,565	2,850
%		22.8	77.2	100	61.5	38.5

Theater has been very useful in providing messages to communities. Various scenarios are developed by drama groups to convey messages using humor as a powerful tool to convince and bring about behavior change.

Table 19: Achievement rates of activities

Communication strategies	Scheduled	Realized	Performance %
Social Mob /Talk Show	65	65	100
Group Discussions	8,583	7,470	87
Interviews	8,583	6,746	78.6
Theater	30	20	66.6
TOTAL THSP	17,261	14,301	83

The implementation of the IEC/BCC component of the THSP has been very positive with an overall achievement rate of 83%. Attendance has also been impressive, especially during theater events or other social mobilization events such as child survival days. The challenge will be to provide more innovations in terms of communication strategies to consolidate the accomplishments.

## 2.7 Community based distribution of drugs and products

2.7.1 THSP has put in place in consultation with the Health district a community distribution system of selected essential drugs and products targeting child and mother health. The distribution is done by community volunteers who have been sensitized and trained by THSP. Below table 20 shows the items and quantity sold as well as the amount of funds collected by community volunteers of 12 active sites covered by the project:

Table 20: Summary of distribution activities (12 sites)

Products	Quantity sold	Returns in CFA	\$ Equivalent
ORS	682 pockets	34,110	71.81
CONDOMS	298 u	29,800	62.73
MEBENDAZOLE CP	168 CP	33,760	71.07
PARACETAMOL CP	505 CP	50,555	106.43
MEBENDAZOLE	4 fl.	13,550	28.52
Iron	1,050 CP	10,500	22.10
ITNs	1,007 u	805,600	1,696
PARACETAMOL	3 fl.	1,600	3.36
TOTAL		979,475	2,062

2.7.2 The number of functional sites (12) and the quantities sold so far are very low compared to the needs of the populations. Project staff has been very active in encouraging beneficiaries for more involvement in the development and management of the community-based sale system. One major constraint is the limited margin made on each item which made the sales not lucrative. The only item that can provide some important benefits are ITNs which are hard to come by.

## 2.8 Field Monitoring and supervision

2.8.1 Africare has scheduled ongoing monitoring and evaluation activities for the duration of the program. The program team holds coordination meetings and conducts supervisions on a regular basis. Furthermore, Africare Senegal and headquarters undertake field supervision visits to guide and assist project management and staff in the implementation activities.

2.8.2 The supervision activities include meeting between the supervisors and each volunteer they are responsible for on a monthly basis. These visits enable the supervisors to monitor program activity through interviews and direct observation. Africare has improved the grid that the supervisors used based on the THSP team's recommendations. The new grid has five parts: one for CHWs; one for Maternal Care Group volunteers; one for the village committees; and one for the women's groups. These supervision tools are user friendly and enable the supervisors to quickly gather information on all program activities in each village. In addition to this the nurse officers in charge also visit a number of villages every month as part of their supervision responsibilities. When a village has a THSP volunteer, the OIC also supervises the CHWs activities. A total of 32 supervisions took place during this evaluation period and they were performed by the project coordination team.

2.8.3 The program monitoring activities include quarterly meetings between the THSP supervisors, the CHWs, and the OICs at the health posts. During these meetings, the participants discuss program information, issues, and perspectives. These meetings are used to plan the CHWs' activities over the coming quarter. Each volunteer provides a summary of activities over the past three months and discusses any problems or successes they may have had. The supervisors use this opportunity to provide refresher training for CHWs on certain health issues, such as the correct use of data collection tools. The health post OICs also discuss health issues (such as changes in MOH policies) that are relevant to the district. During the reporting period, fourteen quarterly coordination meetings were organized in ten of the program health posts.

2.8.4 During the year, Africare Senegal undertook two supervision missions: (i) a visit of the incoming Country Representative and Assistant Program Manager in May; and (ii) a program review and revision of work plan for FY 08 by the Senior Program MIS Officer and the Assistant Program Manager in September.

## **2.9 Partnership and Collaborative Implementation of Program Activities**

2.9.1: Health District Teams: The three health district teams of Tambacounda, Koumpentoum and Maka have been our prime partners in implementing all activities. While Africare acts as the main agency and facilitator of project implementation, the health districts constitute partners as well as beneficiaries for capacity building activities. The district oversees all technical training, refresher training and supervisions. Community action plans are established by THSP staff and health agents for each health post on a quarterly basis, to enable the post to properly cover the health huts in their area. The Health Districts are primarily responsible for ensuring the smooth coordination and execution of these community action plans in coordination with project management and supervisors. THSP field staff held 28 quarterly meetings with Health posts chiefs and the project management team held 12 coordination meetings with the regional district of health.

2.9.2 Community personnel: Africare collaborates on the field with 186 community health workers, 53 traditional birth attendants, among whom 48 are active.

2.9.3 UNICEF: Africare continues its partnership with UNICEF in the Tambacounda region. Africare has technical assistance and logistics from UNICEF especially for equipping TBAs. The THSP collaborated with UNICEF primarily during its annual Child Survival Days focused on vaccination, vitamin A supplementation, immunizations, deworming, and ITN distribution.

2.9.4 Rural representative councils: The local rural councils have been involved in the project and are influential in its implementation. They are represented in the steering committee and can keep up-to-date on the project. The THSP is looking to transfer more responsibilities to them in the final year of the project as part of the sustainability plan. Thus the rural councils will be kept informed of the various activities conducted by the project, as well as current plans and resources needed to carry them out.

2.9.5 Decentralized administrative authorities: The administrative authorities have occasionally visited the project activities and participated in social mobilization events. They also received and discussed with technical supervision missions. Quarterly activity progress reports are submitted to the Health District, the Governor, the Prefet, and the Sub-*Prefet* to inform them and facilitate their contribution to solving administrative and technical constraints that may arise. When necessary, they include the project in the agenda of the Local Development Committee and Departmental Development Committee, for discussions with department-level specialists and technicians.

### III. Progress towards Achieving Objectives

The action plan elaborated after the midterm evaluation did not develop activities according to program objectives, but rather according to recommendations made by the consultant. As a result, the table below provides an update on what the THSP has achieved following the recommendations made at the mid-term evaluation that was completed September/October 2006.

PROGRAM OBJECTIVES/ACTIVITIES	ON TARGET	COMMENTS
<b>Objective 1: Increase the access to, demand for, and use of quality maternal and child health services, including emergency care.</b>		
Provide refresher training for CHWs in key messages and diversified communication techniques	YES	The CHWs who have not performed up to the project's required standards are closely monitored by the field agents who are their supervisors
Assist communities in organizing appreciation ceremonies in recognition of CHW	YES	THSP staff has always urged communities to find ways to support their CHWs. Certain communities have even accepted to give food provisions to CHWs in recognition of the tremendous volunteering they do.
Increase community awareness about contacting the health post to mobilize the district's ambulance during emergency situations	YES	This is the daily work of CHWs and TBAs to increase awareness in the community on recognizing danger signs and contacting the nearest health person or structure
Actively engage in mobilizing men and other caretakers including grandmothers to participate in BCC activities	YES	The project has used drama as a way to reach men to get them more aware of the situation and then get involved in their family's health. Performances that were held at the village level have proved to be a huge success. Grandmothers have also been targeted through home visits done by CHWs.
Retrain TBAs on prevention of infections	YES	Formative supervision by THSP staff and district authorities was constant during over this reporting period
<b>Objective 2: Improve case management of malaria for pregnant women and children under five at the community and health post levels.</b>		
Provide refresher training for CHWs in key messages and diversified communication techniques	YES	The CHWs who have not performed up to the project's required standards are closely monitored by the field agents who are their supervisors
Assist communities in organizing appreciation	YES	THSP staff has always urged communities to find ways to support

PROGRAM OBJECTIVES/ACTIVITIES	ON TARGET	COMMENTS
ceremonies in recognition of CHW		their CHWs. Certain communities have even accepted to give food provisions to CHWs in recognition of the tremendous volunteering work they put in. Most communities are willing to do something for them, but sometimes the means are just not there.
Increase community awareness about contacting the health post to mobilize the district's ambulance during emergency situations	YES	This is the daily work of CHWs and TBAs to increase awareness in the community on recognizing danger signs and contacting the nearest health person or structure
Actively engage in mobilizing men and other caretakers including grandmothers to participate in BCC activities	YES	The project has used drama as a way to reach men to get them more aware of the situation and then get involved in their family's health. Performances that were held at the village level have proved a huge success. Grandmothers have also been targeted through home visits done by CHWs.
<b>Objective 3: Improve nutrition of pregnant women and newborns, including vitamin A supplementation and the practice of exclusive breastfeeding.</b>		
Collaborate with the <i>Bureau Regional de l'Alimentation (BRAN)</i> and explore possibilities for technical reinforcement for the nutrition component	YES	During this reporting year, the THSP has put a major focus on the nutrition component to bring it up to speed. A total of 27 growth monitoring sites are currently active in the 3 health districts where the project intervenes. In addition, the project hired a consultant to implement the HEARTH Model and two sites currently exist in Botou and Saby Molessi. The field agents have also asked the CHWs to intensify IEC/BCC communication on nutrition to raise more awareness on the issue.
Reinforce the nutrition component with nutrition messages grounded in Frequency, Amount, Density, Utilization and Active Feeding	YES	
<b>Objective 4: Improve diarrhea recognition and management at community and household levels.</b>		
Provide refresher training for CHWs in key messages and diversified communication techniques	YES	The CHWs who have not performed up to the project's required standards are closely monitored by the field agents who are their supervisors
Assist communities in organizing appreciation ceremonies in recognition of CHW	YES	THSP staff has always urged communities to find ways to support their CHWs. Certain communities have even accepted to give food provisions to CHWs in recognition of the tremendous volunteering work they put in. Most communities are willing to do something for

PROGRAM OBJECTIVES/ACTIVITIES	ON TARGET	COMMENTS
		them, but sometimes the means are just not there.
Increase community awareness about contacting the health post to mobilize the district's ambulance during emergency situations	YES	This is the daily work of CHWs and TBAs to increase awareness in the community on recognizing danger signs and contacting the nearest health person or structure
<b>Objective 5: Improve the capacity of local partners to plan, implement, monitor and evaluate child survival interventions at the community and district levels with an emphasis maternal and neo-natal health, malaria, nutrition, breastfeeding and diarrhea.</b>		
Hire a specialist or promote a currently experienced staff to launch and manage micro credit component	YES	All the necessary groundwork has been done to start the microcredit component. This year, the THSP coordination has been able to compile a database with all income generating activities that the enrolled CBOs are keen on doing. These income generating activities have also been budgeted. The project has also met government officials who will provide the technical expertise, free of charge, to CBOs to assist them in their elaborating their business plans. With all this in hand, the THSP is looking to start microcredit activities in a near future with the promotion of a current field agent who has extensively worked in previous microcredit projects implemented by Africare in Kaolack and Tambacounda regions.
Plan and ensure that CHWs and TBAs undergo formative supervision within a calendar year	YES	All the CHWs and TBAs have received continuous formative supervision by Africare's field agents and project specialists during monthly supervisions. The health district also provides formative supervision during joint exercises with the THSP staff.

In addition to recommendations related to the project objectives, some of the recommendations were more guided towards management issues. The following actions were taken:

RECOMMENDATION	ON TARGET	COMMENT
Limit program implementation to the 155 central villages and improve coverage of 129 satellite villages to strengthen the current program given budget, geographical constraints and logistic issues	YES	Accepted. The project has not enrolled any more villages and the number is now at 154 central villages.
Realign budget and seek additional funding to support the need for additional human resources and equipment for program	NO	The THSP is still facing serious budgetary constraints and Africare's management has decided to scale down certain technical activities in order to remain within budget. Additional funding is now available with the Presidential Malaria Initiative but it only focuses on the malaria component
Hire or promote a current qualified staff as a M&E specialist	NO	Current budget does not allow this to occur because promoting a staff member also requires salary which is not feasible at this point. M&E is still coordinated by the PC and Africare Dakar MIS Officer
Launch impact evaluation activities to monitor progress towards intermediate objectives and to assess barriers to implementation	YES	Monthly supervisions serve this purpose, in addition to daily feedback provided by field agents. The THSP coordination team is now mainly focused on monitoring progress report to measure intermediate objectives. The newly recruited project coordinator has this issue very high on his agenda
Hire more supervisors to alleviate workload for the remainder of program implementation, depending on availability of funds	NO	Not feasible due to budgetary constraints. Malaria activities will be covered by field agents funded by PMI
Study possibilities and solutions to improve logistics for more frequent field visits	YES	Africare is acquiring a new 4x4 vehicle as part of the Presidential Malaria Initiative project. This will improve logistics for joint supervisions
Collaborate with Africare's community health program to reinforce newborn care activities	YES	This collaboration is part of Africare's effort to bring a synergy to its various community health projects. The collaboration will mainly be technical and will need to be tailored considering cultural realities.

#### **IV. Constraints and Opportunities**

4.1 One major constraint faced by THSP is the limited financial resources, particularly to carry out final year activities. Africare has addressed this issue by revisiting the project work plan keeping in line the targeted objectives. Other sources of funding have been explored and the upcoming resources from PMI will contribute to alleviate the burden, and facilitate the implementation of major activities in FY08:

4.2 The inappropriate selection of certain CHWs which had a negative impact on their performance and the quality of services despite the training provided by THSP, is another constraint. As a way to limit this impact, project management has reinforced monitoring and supervision by technical supervisors, provide technical booklets to field agents on the various technical topics and increased mass communication activities in their areas.

4.3. Furthermore, the level of commitment of CHWs and their motivation is jeopardized by lack of motivations from the community and late implementation of income generating activities by THSP. In response to this situation the field agents have assisted the steering committees in securing loans for project groups in local microfinance institutions. Africare has also prepared guidelines for design and funding profitable income generating activities and made extra funds available to be used during FY 08.

Finally, the lack of IEC material for specific mass communication activities (microphones, speakers) has hindered the IEC sessions from time to time. This will be addressed with funds from PMI.

#### **V Expectations on Progress towards Phase out**

5.1 THSP is entering its final year of execution with major focus being on strengthening beneficiary groups and villages as well as the health districts to continue the support provided by the project. The project work plan was revisited in September 2007 in view of the financial constraints and activities that will be implemented will mainly aim at strengthening the institutional capacity of women groups and enhance their financial resource base through income generating activities. The ultimate goal is to guarantee at the end of the project that the beneficiaries will be able on one hand to continue identifying priority health issues related to maternal and neonatal health, malaria, nutrition and diarrhea, and on the other take adequate solutions in line with those promoted by the project.

5.2 As already experienced during the past four years, the THSP will continue to focus on community health planning with the Officers in Charge of health (*Infirmier Chef de Poste*) who serve as the main coordinating points of CHWs and TBAs. The project and district will also intensify the supervision of field activities. The care groups will be assisted in undertaking income generating activities to considerably increase their financial contributions to provide savings for pregnancies, deliveries and any other needed health for the newborn. These activities will be supported by training and refresher training in management for care group members.

5.3 Communication activities such as home visits, group discussions and more importantly social mobilization will be reinforced. Community leaders namely presidents of rural councils, village chiefs and religious leaders will be encouraged to sponsor and attend these events in order to transfer the responsibilities to fulfill these activities at the end of the project.

5.4 Another important element that comes into the phase out of THSP is the start of the Presidential Malaria Initiative (PMI) project in Tambacounda. Africare is a member of the consortium selected to implement the project in Senegal and is responsible for the Tambacounda and Ziguinchor regions. Thus, in the districts of Tambacounda, Koumpentoum and Maka where the THSP already intervenes, community based malaria activities will continue with funding from the PMI for an additional 3 years, starting this year. Subsequently, the PMI will strengthen the accomplishments of the THSP and increase coverage in ITNs, referrals for antenatal care, Intermittent Presumptive Treatment (IPT), identification of risk signs, management of simple malaria cases by use of ACTs and referrals of severe cases.

5.5 Below is a summary of the main activities for the final year before closing out the project:

- ✓ Organize special events on health in targeted communities to promote maternal health and combat malaria (use of mass media to promote the events)
- ✓ Intensify home visits and group discussions on maternal and neonatal health
- ✓ Organize awareness campaigns for leaders inviting rural councils, the sous-prefets, OICs to present THSP indicator reports followed by discussions on how to sustain activities at the end of the project
- ✓ Elaborate a communication plan to inform communities of the project's close out, the continuation of certain activities through the PMI and the decisions taken between Africare and the rural councils (Protocols should be signed to transfer equipment purchased by the project to the communities if applicable)
- ✓ Develop and implement a plan to undertake income generating activities for CBOs enrolled in the project
- ✓ Conduct the final evaluation and organize restitution of the results to regional authorities, health districts, community leaders, beneficiaries and partners.
- ✓ Conduct a case study on care groups and publish THSP experience in community-based maternal health.

## **VI Innovative Idea: Positive Deviant HEARTH Nutrition Approach:**

6.1 HEARTH is a twelve day program designed to rehabilitate moderately malnourished children aged 9 to 36 months through the promotion of locally available, culturally appropriate and affordable food products, simultaneously promoting behavior changes of mothers or their primary guardians related to caring practices, including hygiene, dietary and health care. HEARTH was first implemented in Asia and later introduced to countries heavily affected by malnutrition such as Haiti<sup>1</sup> Africare was one of the first NGOs to introduce this program into its Title II programming in West Africa. The HEARTH Model has been extensively implemented by Africare in Guinea where the model has been adopted by the Ministry of Health and UNICEF as a best practice in community-based rehabilitation of malnourished children.

6.2 This approach was first introduced by Africare in the Tambacounda Region in 2006, emulating from the experience of Guinea. One expatriate expert was hired to develop supervise a rapid appraisal of villages' ability, develop a work plan and train supervisors. Two villages (Botou and Saby

---

<sup>1</sup> 1996 BASICS/WR Technical Advisory Group, *Hearth Nutrition Model: Applications in Haiti, Vietnam, and Bangladesh*. Edited by, Olga Wollinka, Erin Keeley, Barton R. Burkhalter, Naheed Bashu; World Relief and BASICS.

Moulessy) were identified and selected to test the program. Positive deviant mothers were identified and THSP will improve their knowledge and capacity to host and supervise the HEARTH session in their household. Although the preliminary results of the program was promising, more design needs to be done and lessons from the Hearth from other regions of Senegal and from Africare Guinea will be used to improve the organization and implementation of the program in FY 08.

## **VII Program Management**

### **7.2. Financial Management System**

7.1.1 The program team, located at the Africare Tambacounda office, develops a monthly line item budget request for program activities that is then sent to Africare Dakar. The technical team at Africare Dakar reviews the request and compares it with the work plan. If the request is approved Africare Dakar transfers the requested amount from the THSP account in Dakar to the program account in Tambacounda. The program coordinator in Tambacounda signs the checks in payment of all program goods and services.

7.1.2 The monthly project accounting is computerized and forwarded electronically to the Dakar office by the first week of the following month. Hard copies of all receipts and vouchers are also sent. The Africare Dakar accounting office enters its program expenditures into the monthly accounting and then prepares a monthly batch (hard copies) of all program field expenditures. That batch is sent to Africare Washington via DHL by the fifteenth of the following month.

7.1.3 At Africare Washington, the Office of Finance reviews the vouchers, adds any headquarters expenditures and enters the total monthly expenditures into the program's general ledger. On a monthly basis, the Office of Finance reviews fund transfer requests, petty cash and checking payments, petty cash and check disbursement vouchers, charges against expenditure accounts and line item budgets, issuances of advances, and settlement of accounts receivable. Program expenditures are thus tracked at three successive levels: against the monthly activity budget in Tambacounda, against the overall field budget in Dakar and against the combined field and headquarters budget in Washington.

7.1.4 Africare's Office of Management Services in Washington reviews program recording, the management and use of program and office equipment and supplies, vehicle use, and employee time and attendance records. Africare headquarters provides feedback and specific guidance to the Country Representative and the Program Coordinator as a result of these reviews, to reinforce correct administrative and management practices, and to advise and assist with any needed improvements.

### **7.2. Human Resources**

7.2.1 Tambacounda: Following the departure of the former Program Coordinator, Africare hired a public health doctor, who is responsible for overall program management and supervises the team, including:

- o The Maternal Health Advisor, with twenty years of experience as a nurse-midwife and a supervisor in the Tambacounda health district;
- o The BCC/IEC Advisor, who has five years of experience in designing and implementing IEC/BCC strategies with Africare Senegal;
- o One Administrative Officer in charge of accounting and administrative issues;
- o Nine project field agents.

7.2.2. Dakar: The Dakar team assisting TSHP is headed by Africare Country Representative and included:

- o The Health Program Manager, a medical doctor with five years' experience managing health projects for Africare Senegal and who had worked for eight years as a DMO in various rural areas of Senegal;
- o A Program and MIS Manager with ten years of experience backstopping and managing projects for Africare Senegal;
- o An Assistant Program Manager, with a masters' degree in International Affairs and who worked as a project manager for Africare Senegal for four years.

7.2.3 Washington: Africare's Francophone Regional Office, located in Washington, D.C. provides primary operational support to the program. The Regional Office is responsible for coordinating the technical and managerial inputs of the program. In collaboration with the Regional Office, Africare's Health and HIV/AIDS Unit is the primary source of technical support to the program, with specific technical backstopping responsibilities vested into one of the Unit designated Health Program Managers. To date, the Office of Health and HIV/AIDS has had regular contact with the field office and undertakes field supervisions.

## VIII Year 5 Work Plan

8.1 Africare Senegal has developed a work plan which will be monitored by the Dakar Office on a quarterly basis. Furthermore, the Health Program Manager of Africare Headquarters Health and HIV/AIDS Unit will undertake a field visit to assist THSP in the implementation of its program and prepare the final evaluation scheduled during this year. Below is a detailed work plan:

Activities	Period	Personnel	Expected Results
Objective 1: Increase access to, demand for, and use of quality maternal and child health services.			
Indicator #1: Percentage of women making at least three ANC visits. Benchmark: 33%. Mid Term: 60% Target: 60%			
Indicator #2: Percentage of deliveries attended by skilled birth attendants. Benchmark: 45% Mid Term: 55% Target: 60%			
Indicator #3: Percentage of newborns breastfed during the first hour after birth. Benchmark: 20% Mid Term: 33% Target: 30%			
Indicator #4: Percent. of women using a least one modern method of contraception. Bench.: 10% Mid Term 21% Target: 13%			
<b>Household</b>			
Continue iron CBD in 41 villages	October 2007 - December 2007	82 CHWs	A functional mechanism to purchase and distribute iron is in place
Continue home visits for pregnant women	October 2007 - December 2007	332 CHWs	CHWs regularly carry out home visits
<b>Community</b>			
Sustain the contribution mechanism in 241 care groups (CG)	October 2007 - December 2007	80 CHWs	The contribution system is consolidated
Create 60 care groups in the Maka and Koumpentoum health districts	October 2007 - December 2007	20 CHWs	A contribution system is effective within the 60 care groups

Facilitate the acquisition of an initial iron stock for 113 village monitoring committees (VMC)	October 2007 - December 2007	113 VMC	Un mécanisme d'achat et de distribution est effectif
Procure 30 birthing kits for traditional birth attendants (TBAs) in Koumpentoum , Maka and Tamba	oct-07	30 TBAs	Birthing kits are procured and distributedLes trousseaux sont achetés et distribués aux matrones
Evaluate the use of financial resources within the care groups on referrals	Starting October 2007	241 CG	Resources and type of support provided are detailed
Implement sustainability activities for referrals	Starting October 2007	THSP Coord	Referral activities are consolidated
Continue IEC/BCC activities (group discussions, home visits,)	October 2007 - December 2007	332 CHWs	CHWs are continuously undertaking IEC/BCC activities
Organize 10 drama skits	November 2007 - December 2007	Africare, Theater groups	10 drama skits are organized
Train 86 care group members in the W3 game (danger signs)	October 2007 - November 2007	6 Field agents, TBAs	86 care group members are trained
<b>Health Post</b> Supervise TBAs	October 2007 - December 2007	19 officers in charge of the health posts, 3 midwives	Monthly monitoring of TBAs is effective
Supervise 332 CHWs	October 2007 - December 2007	District health Teams (DHT), Africare	332 CHWs are supervised
<b>Objective 2: Improve case management of malaria at the community and health post levels</b>			
<b>Indicator #1: Percentage of pregnant women with access to IPT. Benchmark: 2% Mid Term 68% Target: 60%</b>			
<b>Indicator #2: Percentage of caregivers recognizing severe danger signs of malaria and seeking appropriate care within 24 hours. Benchmark: 48% Mid Term 40% Target: 60%</b>			
<b>Indicator #3: Percentage use of ITNs among pregnant women. Benchmark: 18% Mid Term 83% Target: 50%</b>			
<b>Indicator #4: Percentage use of ITNs by children&lt;2. Benchmark: 21% Mid Term 94% Target: 50%</b>			
<b>Household</b> Continue home visits for mothers and caregivers	October 2007 - December 2007	332 CHWs	Home visits are effective

Create 241 revolving funds for CBD of ITNs	Starting Dec. 2007	Africare, Women's Group Federation	241 revolving funds are created and functional
<b>Health Structure</b> Supervise IEC/BCC activities	Starting Sept. 2007	19 officers in charge of the health posts, 3 midwives	Activities are supervised
<b>Objective 3:</b> Improve nutrition of women and children, including Vitamin A supplementation and exclusive breastfeeding.			
<b>Indicator #1:</b> Percentage of mothers practicing exclusive breastfeeding for six months. Benchmark: 24% Mid Term 85% Target: 30%			
<b>Indicator #2:</b> Percentage of mothers taking vitamin A forty-two days after delivery. Benchmark: 11% Mid Term 60% Target: 60%			
<b>Indicator #3:</b> Percentage of children 6-23 months of age receiving vitamin A supplementation in the previous six months. Benchmark: 40% Mid Term 72% Target: 80%			
<b>Indicator 4:</b> Percentage of households using iodized salts. Benchmark: 49%. Mid Term 59% Target: 70%			
<b>Household</b> Procure 100 iode tests	Starting Sept. 2007	Africare	Tests are done periodically at the household level by Africare field agents
Continue the promotion of the use of iodized salt in the household	October 2007 - December 2007	332 CHWs, 301 CG	CHWs conduct IEC/BCC activities within the care groups
Continue the promotion of exclusive breastfeeding	October 2007 - December 2007	332 CHWs, 301 CG	Exclusive breastfeeding is being practiced
<b>Community</b> Organize demonstrations on best weaning practices in 27 growth monitoring sites	October 2007 - December 2007	54 CHWs	Monthly demonstrations are effective in 27 sites
Make available new growth monitoring tools	oct-07	Africare Dkr	New tools are available
Make the 2 Positive Deviance sites functional	oct-07	VMC, field agents	The two sites are functional
Assist the women in accessing microcredit loans for nutrition activities	October 2007 - December 2007	301 CG	Women have access to micro credit
<b>Health Structure</b> Train 18 community health agents (CHA) in weighing techniques (Koumpentoum District)	oct-07	2 officers in charge of health posts, 2 field agents	18 CHA are trained

Continue growth monitoring activities in 27 sites	October 2007 - December 2007	9 officers in charge of health posts, 7 field agents	Growth monitoring activities are effective
Procure growth cards	oct-07		Cards are available
Supervise IEC/BCC growth monitoring activities	October 2007 - December 2007	9 officers in charge of health posts, 7 field agents	Activities are supervised
<b>Objective 4:</b> Improve home-based care of diarrhea			
Indicator #1: Percentage of children aged 0-23 with diarrhea in last two weeks who received ORS and/or recommended home fluids (RHF). Benchmark: 52% Mid Term 27% Target: 65%			
Indicator #2: Percentage of children aged 0-23 months with diarrhea in the last two weeks who were offered more fluids during the illness. Benchmark: 48% Mid Term 39% Target: 60%			
Indicator #3: Percentage of children aged 0-23 with diarrhea in the last two weeks who were offered the same amount or more foods during the illness. Benchmark: 48% Midterm:39% Target: 60%			
Indicator #4: Percentage of children aged 0-23 with diarrhea in the last two weeks whose mothers sought outside advice or treatment for the illness. Benchmark: 31% Midterm: 87% Target: 50%			
Indicator #5: Percentage of mothers who usually wash their hands with soap or ash before food preparation, before feeding children, after defecation, and after attending to a child who has defecated. Benchmark: 7% Mid Term 14% Target: 50%			
<b>Household</b>			
Continue the promotion of handwashing at the household level	October 2007 - December 2007	332 CHWs, 301 CG	Mothers and caregivers wash their hands with soap at the four recommended instances
Continue home visits for mothers and caregivers to recognize diarrhea danger signs	October 2007 - December 2007	332 CHWs, 301 CG	Mothers and caregivers recognize diarrhoea danger signs
<b>Community</b>			
Put in place an initial stock of ORS (Koumpentoum and Maka).	October 2007 - December 2007	VMC	ORS stock is in place
Continue group discussions	October 2007 - December 2007	332 CHWs, 301 CG	Group discussions are effective
Continue community based distribution of ORS	October 2007 - December 2007	332 CHWs, 301 CG	Community based distribution is effective
Monitor referral	October 2007 - December 2007	332 CHWs, 301 CG	Referral is effective
<b>Objective 5:</b> Improve the capacity of local partners to plan, implement, and monitor and evaluate child survival interventions at the community and district levels with an emphasis maternal and neo-natal health, malaria, nutrition, breastfeeding and diarrhoea.			
Indicator #1: Partner has capacity to conduct CBO training			
Indicator #2: Partner has capacity to supervise and strengthen community-based activities			
Indicator #3: Women's groups are planning and undertaking increased health and development initiatives.			
<b>Health Structure</b>			
Organize quarterly meetings between health structures and the 332 CHWs	October 2007 - December 2007	DHT, Africare	Quarterly meetings are held

**District**

Organize 2 meetings with the project steering committee

Monitor activities on a monthly basis

DEC. 2007

October 2007 – December 2007

DHT,  
Africare

DHT, 27  
officers in  
charge of  
health,  
Africare

Meetings are held

Monthly monitoring is effective